

## **Application Data Sheet**

### **Application Information**

Application number::	Unassigned
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??:	Yes
Number of CD disks::	1
Number of copies of CDs::	1
Sequence Submission::	
Computer Readable Form (CRF)?:	
Number of copies of CRF::	
Title::	METHOD AND SYSTEM FOR PROVIDING STAMPS BY KIOSK
Attorney Docket Number::	006969-028210
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	17
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl.::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	James
Middle Name::	D. L.
Family Name::	Martin
Name Suffix::	
City of Residence::	Royersford
State or Province of Residence::	PA
Country of Residence::	
Street of Mailing Address::	1508 Yeager Road

City of Mailing Address:: Royersford  
 State or Province of mailing address:: PA  
 Country of mailing address::  
 Postal or Zip Code of mailing address:: 19468

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: US  
 Status:: Full Capacity  
 Given Name:: J. P.  
 Middle Name::  
 Family Name:: Leon  
 Name Suffix::  
 City of Residence:: San Carlos  
 State or Province of Residence:: CA  
 Country of Residence::  
 Street of Mailing Address:: 1005 Elm Street  
 City of Mailing Address:: San Carlos  
 State or Province of mailing address:: CA  
 Country of mailing address::  
 Postal or Zip Code of mailing address:: 94070

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: US  
 Status:: Full Capacity  
 Given Name:: L.  
 Middle Name:: Carlton  
 Family Name:: Brown, Jr.  
 Name Suffix::  
 City of Residence:: Warrenton  
 State or Province of Residence:: VA  
 Country of Residence::  
 Street of Mailing Address:: 5621 Sinclair Drive  
 City of Mailing Address:: Warrenton  
 State or Province of mailing address:: VA  
 Country of mailing address::  
 Postal or Zip Code of mailing address:: 20187

### Correspondence Information

Correspondence Customer Number:: 20350

### Representative Information

Representative Name::  
David N. Slone  
Kim Kanzaki, Ph.D.

Application::  
This Application

Parent Filing Date::  
05/11/01  
11/07/00  
07/07/00

## Country::

Filing Date::

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::